



CARES COMMUNIQUÉ

MAY 2003

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DEPARTMENT OF VETERANS AFFAIRS

Canandaigua VA Medical Center

400 Fort Hill Avenue, Canandaigua, NY 14424

FOR MORE INFORMATION CONTACT

Dan Ryan (585) 393-7209

Daniel.Ryan@med.va.gov

CARES Commission to Hold Hearings

As part of our continuing efforts to keep you informed about the Department of Veterans Affairs Capital Asset Realignment for Enhanced Services (CARES), the VA Healthcare Network Upstate New York, which consists of the Albany, Bath, Buffalo, Canandaigua and Syracuse VA Medical Centers and 28 community based outpatient clinics, is providing the following updates to our stakeholders and employees.

In the April *Communiqué*, we shared the Market Plans that were developed in partnership with our stakeholders to address the Planning Initiatives and the Non-Planning Initiatives that were identified for each of our four Markets: Eastern (Albany VA), Central (Syracuse VA), Western (Buffalo and Batavia VAs), and the Finger Lakes/Southern Tier (Canandaigua and Bath VAs). These Market Plans have been submitted to the CARES Commission. We also stated that these Market Plans would be made available for public comment prior to being forwarded to Secretary, Department of Veterans Affairs in September 2003.

There will be a CARES Commission Hearing held this summer in Syracuse. Date, time and place will be announced in the near future. The CARE's Commission Hearing will be similar to a Congressional Hearing. Stakeholders representing specific stakeholder groups (as selected in advance, by the Commission) will be asked to give (time-limited) testimony regarding the Network 2 overall plan. The Hearing will last three to four hours. While no comments or questions will be taken orally from the audience, written comments will be accommodated, as submitted prior to the hearing. To enable all our stakeholders to provide their comments we are:

1. Asking stakeholders to review the portion of this newsletter that contains a concise overview of our Market Plans and submit your comments (in writing) to the Public Affairs Officer at your nearest VA Medical Center.
2. Requesting you send comments directly to the Commission:
 - via their Web site at: <http://www.carescommission.va.gov>
 - e-mail: CARESCommission@mail.va.gov
3. Arranging to have staff take stakeholder comments at the actual Hearing, in a separate breakout room, for subsequent submission to the CARES Commission. The Commission members will not respond to these stakeholder comments at the time of the Hearing but will review all comments prior to making their final recommendations

This Capital Asset Realignment for Enhanced Services (CARES) Communiqué is published by Network Communications for the employees and stakeholders of the VA Healthcare Network Upstate New York.

Summary of the VISN 2 CARES Planning and Non-Planning Initiatives

Western Market Planning and Non-Planning Initiatives

Gain/loses and increases/decreases are in comparison to FY '01 Baseline

Year	Medicine Beds	Surgical Beds	Primary Care Visits	Specialty Care Visits
2012	Gain 11	Lose 1	Increase by 25,172	Increase by 27,854
2022	Lose 14	Lose 13	Decrease by 15,776	Decrease by 9,354

Proposed Resolutions:

- **Medicine Beds** - Primary alternative is to convert vacant space into a 20-bed unit and relocate beds from current units to create three 20-bed units. As workload declines, close multi-bed patient rooms, creating single-bed patient rooms until it is not feasible to maintain additional open wards. Will also rely on greater usage of telemedicine to focus on prevention/outpatient care, reducing the need for inpatient stays.
- **Surgical Beds** - Gradually close multi-bed rooms and convert to single-bed patient rooms to meet workload decline. In addition, rely on more ambulatory surgery.
- **Primary Care Visits** - Handle with current capacity - including maximum use of contract CBOCs and fee basis. Reduce as decline occurs. As demand declines, adjust capacity at CBOCs based on workload utilization.
- **Specialty Care Visits** - Utilize capacity in community (i.e. local VAs or fee basis care) for diagnostic-type procedures, to allow for increasing invasive procedure workload to be handled at Buffalo. Additionally, change practice of having patients travel from remote areas to Buffalo by operating specialty clinics at other VAMC sites (i.e. Canandaigua, Bath). As demand decreases, reduce fee basis contracts and increase reliance on telemedicine.
- **Psychiatry Beds** - Initial small increase in beds to be handled via a mix of contract beds or VAMC Canandaigua. Demand gradually diminishes.
- **Vacant Space - Buffalo** - All vacant space adjacent to fully utilized space. Currently working with affiliate on plan for consolidation of research programs into VAMC space. Will aggressively pursue "enhanced use" agreements with affiliate and local medical centers. **Batavia** - Space will be leased out in a community hospital for 26-bed rehab unit and to WNY Veterans Housing Coalition for 48-bed transitional housing unit for veterans. Estimated annual revenues of approximately \$227,000/year.

CARES COMMUNIQUE (continued)



Finger Lakes/Southern Tier Market Planning and Non-Planning Initiatives

Gain/loses and increases/decreases are in comparison to FY '01 Baseline

Year	Medicine Beds	Surgical Beds	Primary Care Visits	Specialty Care Visits
2012	Gain 8	0	Increase by 56,645	Increase by 73,394
2022	0	0	Increase by 22,849	Increase by 46,837

Proposed Resolutions - Finger Lakes:

- **Inpatient Medical/Surgical** - Contract out for inpatient beds (in-house renovations are too expensive).
- **Primary Care Visits** - Manage all workload up to the FY '01 baseline level at Canandaigua and Rochester Outpatient Clinic (ROPC). Contract out the increase in workload above these levels.
- **Specialty Care Visits** - Manage all workload up to the FY '01 baseline level at Canandaigua and ROPC. Reassign space at Canandaigua and ROPC to manage this workload. Contract out the increase in workload above these levels.
- **Psychiatry Beds** - Small increase will be handled in-house - perhaps use one bed at VAMC Bath or contract for service.
- **Vacant Space** - Medical Center will aggressively pursue "enhanced use" opportunities to manage vacant space. Demolition not an option due to eligibility of most buildings for historic register. Remaining vacant space will be held pending planning for LTC and Domiciliary Programs.

Proposed Resolutions - Southern Tier:

- **Inpatient Medical/Surgical** - Contract for beds. Continue to use Syracuse and Buffalo for tertiary care.
- **Primary Care Visits** - Can absorb within current capacity.
- **Specialty Care Visits** - Absorb much of it. Contract out or lease additional space for additional capacity.
- **Psychiatry Beds** - Small increase in projected beds to be handled in-house.
- **Vacant Space** - Vacant space is minimal and will be held pending planning for LTC and Domiciliary Programs.

Central Market Planning and Non-Planning Initiatives

Gain/loses and increases/decreases are in comparison to FY '01 Baseline

Year	Medicine Beds	Surgical Beds	Primary Care Visits	Specialty Care Visits
2012	Gain 5	Lose 9	Increase by 27,287	Increase by 79,959
2022	Lose 18	Lose 17	Decrease by 12,781	Increase by 38,773

Proposed Resolutions:

- **Medicine Beds** - Contract out beds in outlying counties and initially increase a few in-house beds - then lose gradually over time (possible conversion to SCI).
- **Surgical Beds** - Lose gradually over time (possible conversion to SCI).
- **Primary Care Visits** - Absorb within current capacity.
- **Specialty Care Visits** - Lease for additional capacity in Syracuse and Binghamton areas and renovate space at Rome CBOC. Another option is renovate at Rome and contract for additional capacity in the Syracuse area.
- **Psychiatry Beds** - Lease for additional beds at the Veterans Opportunity Center (assuming it gets built). Perhaps use VAMC Canandaigua for some of the need.
- **Vacant Space** - Vacant space is located at the Rome OPC. Actively seeking tenants for leasing of 2nd floor, including DoD.

Eastern Market Planning and Non-Planning Initiatives

Gain/loses and increases/decreases are in comparison to FY '01 Baseline

Year	Medicine Beds	Surgical Beds	Primary Care Visits	Specialty Care Visits
2012	Gain 18	0	Increase by 23,320	Increase by 85,254
2022	Gain 8	Lose 7	Decrease by 12,748	Increase by 50,357

Proposed Resolutions:

- **Medicine Beds** - Re-open a ward and then gradually reduce as demand decreases. The loss in surgery beds tracks closely with the 2022 projected need for medicine beds.
- **Surgical Beds** - Close and convert to medicine, as necessary.
- **Primary Care Visits** - Contract out initial growth and reduce as projections decline.
- **Specialty Care Visits** - Combination of utilizing in-house capacity and contracting out. The alternate option is to contract all out.
- **Psychiatry Beds** - Re-open some internal space and contract for the remainder until beds decrease.
- **Vacant Space** - Continue to lease space to tenant activities.

CARES COMMUNIQUE (continued)



VISN 2 - SCI/D Planning Initiatives Summary

Option 1: Gradual increase in Spinal Cord Injury/Disease (SCI/D) LTC beds at Syracuse VAMC from 6 to 10 over the next few years and phase-in of 10-bed acute unit. Continuous assessment of need for additional expansion of both LTC and acute beds and appropriateness of care, including use of alternatives to inpatient/LTC.

Option 2: Construction of new clinical space in Syracuse outside of the Medical Center, movement of existing functions and programs to the new space and renovation of space within the Medical Center to accommodate a 30-bed LTC and acute SCI/D unit.

Option 3: Construction of new clinical space for a 30-bed SCI/D unit on the grounds of the Albany VAMC, connected to the Medical Center.

Option 4: At the recommendation of the CARE Review Team and NCPO - construction of a 30-bed SCI/D Unit at the Syracuse VAMC (new construction and renovation).